

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of Miami, Ariz.

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121
County Registrar No. 103
Local Registrar No. 528

No. #805 Pine Oak St.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Antonio Cortis
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No. in order of birth _____ 6. Legitimate? Yes 7. Date of birth Feb. 11 - 75
Month Day Year

8. FATHER
Full name Curran Cortis
9. Residence #805 Pine Oak St.
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
Full maiden name Refugio Chaves
15. Residence #805 Pine Oak
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Localiche, E. Jalisco
(State or country) MEXICO.

16. Color or race Mexico 17. Age at last birthday 75 (Years)
18. Birthplace (city or place) Localiche, E. Jalisco
(State or country) MEXICO.

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry House Wife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead None
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 p.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Dora Cortis (Physician or midwife).
Address 810 Sullivan St.

Given name added from a supplemental report _____
Month, day, year _____
Registrar _____
Filed Feb 28, 1975 Wilson & Brayton Local Registrar.
Filed 3/1 Y. E. Wightman County Registrar.

162-211-932